



TENTATIVE ROSTER

Men's

Women's

Co-Rec

League Requested _____ Team Name (18 Character's) _____

Manager's Name _____ E-mail _____

Address _____

City, State _____ Zip _____

Manager's Telephone Numbers: Work _____ Home _____ Cell _____

Alternate person to contact in the event that we cannot reach the manager:

Name _____ Telephone (Work/Home) _____

Special Request _____

Players Name	TEAM PLAYED ON LAST YEAR	LEAGUE PLAYED IN LAST YR	AGE	# YEARS PLAYED SOFTBALL	# YEARS PLAYED HS/Colleg
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

The purpose of this form is to assist the advisory board in placing this team in the appropriate league. Decisions are based on the information on this form, as well as observations and knowledge of those on the advisory board. Please fill out the form honestly and accurately to assist in proper placement. **I HEREBY ATTEST THAT THIS ROSTER IS ACCURATE TO THE BEST OF MY KNOWLEDGE.**

Manager's Signature _____